

and will compete for the top award of \$100,000. While in D.C., he will display his work to the public as well as meet with notable scientists and the other 39 Intel STS Finalists. Being recognized as a Finalist is an extraordinary honor and I know Jonathan will be successful in his future endeavors.

I also want to recognize the Intel STS Semifinalists from my district. Long Island is fortunate to have so many quality schools with dedicated teachers who guide talented students to success. The following students were chosen from among 1,744 entrants to receive a \$1,000 award for their outstanding research. In addition, their schools receive \$1,000 to further excellence in scientific education. I am impressed not just by their scientific knowledge but also by their superior commitment to the scientific process. These young students represent the bright future of American innovation, science and research and I look forward to hearing more from them in the future:

Kendra Comejo, Norman Cao, and Sharon Mary Varghese of Brentwood High School; Arpon Paul Raksit and Marni Jordyn Wasserman of Commack High School; Rachel Paula Gerber of Half Hollow Hills High School East and Dianna Hu of Half Hollow Hills High School West, both in Dix Hills; Jonathan Michael Nachman of Plainview who attends North Shore Hebrew Academy High School in Great Neck; Pamela Anne Wax of Harborfields High School in Greenlawn; Ishwarya Ananthabhotla of Kings Park High School; Adam Joshua Getzler, Jonathan Aaron Goldman, Jonathan Abraham Goldman, and Alexander Herbert Kusher of Plainview-Old Bethpage John F. Kennedy High School; and Gary Scott Rosenblatt, Karen Sikka, Harris Jacob Weber, and Deanna Ruxi Zhu of Syosset High School.

#### PERSONAL EXPLANATION

##### HON. JAMES A. HIMES

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, March 2, 2011*

Mr. HIMES. Mr. Speaker, I was unable to be present to cast my vote on one amendment to H.R. 1. I wish the RECORD to reflect my intention had I been able to vote.

Had I been present for rollcall No. 125, I would have voted "aye."

#### HONORING JOHN FEASTER

##### HON. DALE E. KILDEE

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, March 2, 2011*

Mr. KILDEE. Mr. Speaker, I rise today to pay tribute to John Alfred Feaster as he celebrates his 80th birthday. A celebration will be held in Burton Michigan on March 19th in honor of the occasion.

John Alfred Feaster graduated from Arkansas A&M College in 1954 with a degree in economics. He served in the U.S. military during the Korean War and was honorably discharged with the rank of corporal in 1956. A year later he married the former Lillian Battle in Flint Michigan. Mr. Feaster worked at AC Spark Plug retiring in 1991 and he is a member of UAW Local 651.

As an active member of Quinn Chapel AME Church, Mr. Feaster has served as President of the Laymen Organization, on the Steward Board, on the Trustee Board, in the Men's Fellowship, in the Men's Choir, and the Chancel Choir. He was initiated into Alpha Phi Alpha Fraternity on December 17, 1952 and is a lifetime member. He is currently active with the Epsilon Upsilon Lambda (Flint Grad) chapter of the Fraternity. Mr. Feaster is also a lifetime member of the Flint Chapter of the NAACP.

Mr. Speaker, I ask the House of Representatives to join me in congratulating John Alfred Feaster as he celebrates his 80th birthday. I would like to extend to him my best wishes for a delightful day and may the coming year be filled with happiness and good health.

#### "DON'T CUT GLOBAL HEALTH CARE"

##### HON. JANICE D. SCHAKOWSKY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, March 2, 2011*

Ms. SCHAKOWSKY. Mr. Speaker, recently Dr. Ellen Chadwick, a pediatric infectious disease specialist from Wilmette Illinois, warned about the severe consequences that would arise from cuts in critical global health initiatives, especially those that protect the lives and well-being of children. In her letter to the editor, which appeared on February 24 in the Chicago Tribune, she lays out the many reasons why we need to continue our modest contributions to the President's Emergency Plan for AIDS Relief (PEPFAR) program and the Global Fund to Fight AIDS, TB and Malaria.

As Dr. Chadwick points out, the United States spends less than one quarter of one percent of our budget on global health assistance, but the benefits we obtain are enormous. She writes that our funding "saves lives, preserves families and communities, and builds extraordinary good will toward America." It is also an investment in global and national security, since global health crises such as the AIDS epidemic can destabilize entire regions.

Like Dr. Chadwick, I believe that we can achieve our fiscal goals without jeopardizing the lives of children around the world and without creating global insecurity. As a member of the President's National Commission on Fiscal Reform and Responsibility, I put forward my own plan to achieve deficit reduction. My plan maintains global health funding and protects the middle-class and the poor here at home. Instead, it reduces the deficit by restoring economic prosperity, cutting unnecessary weapons systems and wasteful spending in the Department of Defense, raising revenues from those who can afford to pay more, and eliminating waste and other inefficiencies in government.

I hope that my colleagues will take a moment to read Dr. Chadwick's letter and, after doing so, will reject the harsh cuts to global health included in H.R. 1.

[From the Chicago Tribune, Feb. 24, 2011]

#### "DON'T CUT GLOBAL HEALTH CARE"

(By Dr. Ellen Chadwick)

As a pediatric infectious diseases specialist, I am gravely concerned about federal budget cuts passed by the House that will

have a devastating impact on a group that cannot speak for themselves in the halls of Congress—poor children in sub-Saharan Africa. The House version of the annual federal funding bill ravages global health programs, reducing their funding by more than \$1 billion, with most cuts targeting the President's Emergency Plan for AIDS Relief (PEPFAR) program and the Global Fund to Fight AIDS, TB and Malaria. Other programs that contribute to maternal and child health in developing countries are also affected. Cutting these precious resources will be measured in lives lost, as cuts will mean fewer HIV-infected pregnant women tested and treated for HIV, fewer infants treated to prevent HIV and more HIV-infected children without access to care, support and education. Finally, these cuts will result in growth of the population of children orphaned by AIDS, already estimated to be 16 million globally. Meanwhile, these cuts will make little difference in our budget deficit.

The investments Americans make in global health see incredible, tangible results measured in lives saved. In 2010 alone, the PEPFAR program provided more than 600,000 HIV-positive pregnant women with antiretroviral treatment, allowing more than 114,000 babies to be born HIV-free. The Global Fund has provided this treatment to an additional 1 million mothers, and HIV treatment to more than 3 million HIV-infected people around the world. What is more, for every dollar we invest in the Global Fund, our international neighbors contribute an additional two, making our leadership that much more important and rewarding. After 30 years of AIDS, we are finally beginning to believe in the promise of an AIDS free generation in the hardest hit regions of the world.

The House's proposed funding cuts stand to decimate these important programs, with deadly consequences. According to PEPFAR estimates, 400,000 men, women and children would be dropped from lifesaving treatment. Another 414,000 supported by the Global Fund would be without medicines, representatives there estimate. More than 32,000 babies could be infected with HIV every year due to reduction in services to prevent mother-to-child transmission. Without treatment, one-half of these HIV-infected infants will not live to see their second birthday.

Even without these cuts, the unmet need is already great. Children in sub-Saharan Africa lack the same access to treatment that adults get—for example, in Uganda 43 percent of infected adults have access to medication while only 18 percent of infected children have access. Children with HIV are also especially vulnerable to tuberculosis, making treatment of both infections particularly difficult.

Over the past several years, I have conducted clinical research and provided training to clinicians in Africa to increase capacity to care for kids. I have cared for many infants and children with HIV/AIDS. With antiretroviral treatment, I watch these children quickly spring back to life. Even more rewarding is the satisfaction of the new mother who is told that her child is not HIV-infected because treatment from pregnancy through the breastfeeding period has protected her child. U.S. support for global health—only one quarter of 1 percent of our federal budget—saves lives, preserves families and communities, and builds extraordinary good will toward America.

The House of Representatives will not have the final word on cuts to global health. The Senate will take up the budget next, and can and must refuse to embrace these draconian cuts. I hope that Illinois' two distinguished senators will lead the charge in protecting the mothers and children in Africa whose well-being depends upon their actions.